PTO/SB/17 (07-06) use through 01/31/2007. OMB 0651-0032

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9/	-		uneu to	espond to a conection		nplete if Know		ond or Hamber.			
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/029,035-Co					
FEE TRANSMITTAL				Filing Date		December 28,					
				First Named Inventor Young BAE							
For FY 2006				Examiner Name							
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1763							
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No. 2658-0280P							
METHOD OF PAYMENT (check all that apply)											
X Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP											
For the above-ider	ntified deposit a	account, the Dir	ector is	hereby authorize	d to: (che	ck all that apply)					
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARC	H, AND EXAM	MINATION FEE	s								
		G FEES	SE	ARCH FEES	EXAMI	NATION FEES					
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)			
Utility	300	150	500	250	200	100		<u></u>			
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80	****				
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEES							_	Fee (\$)			
Fee Description Each claim over 20 (included)	dina Daisawaa'						Fee (\$)				
Each independent claim o							50	25			
Multiple dependent claims		ig Keissues)					200	100			
* -				N-1.1 (A)			360	180			
		ee (\$)	Fee I	Paid (\$)		lultiple Depende					
HP = highest number of total cl	aims paid for, if gr	reater than 20.			<u>F</u>	<u>ee (\$)</u>	Fee Paid (\$)				
Indep. Claims Extra	Claims F	ee (\$)	Fee F	Paid (\$)				-			
2 -6=	x	=									
HP = highest number of indepe	ndent claims paid	for, if greater than	3.					ŀ			
3. APPLICATION SIZE FE	E							-			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR					or small e	ntity) for each a	dditional 50				
sheets or fraction ther											
	Extra Sheets	·	f each a	dditional 50 or frac			Fee Pa	aid (\$)			
- 100 = _		/50		(round up to a who	ie number)	×	=				
4. OTHER FEE(S)	6120 C	. (11	1:				Fees P	<u>ato (\$)</u>			
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00											
SUBMITTED BY ,											
Signature Vm	Sh			Registration No. (Attorney/Agent)	40,953	Telephone	(703) 205	-8000			
Name (Print/Type) Estber/H. Chong Houng			Sohn		Date December 8, 2006						
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EHC/HNS/pjh

PTO/SB/22 (09-06)
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PETITION FOR EXTENSION OF TIME UNDER 37 FY 2006	Docket Number (Optional) 2658-0280P								
(Fees pursuant to the Consolidated Appropriations Act, 2 Application Number 10/029,035-Conf. #	Filed December 28, 2001								
Application Number 10/029,035-Conf. #3483 Filed December 28, 2001 For VACUUM DEPOSITION APPARATUS									
Art Unit 1763		Examiner	R. N. Ka	ckar					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (chec	_			ee below):					
X One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	<u>₹</u>	120.00					
		•	· -	120.00					
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _						
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _						
Four months (37 CFR 1.17(a)(4))	\$1590 \$2160	\$795	\$						
Five months (37 CFR 1.17(a)(5))	\$1080	\$							
Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number									
I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
attorney or agent of record. Re	egistration Number	r40,953_							
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34									
Jy S/m # 44, Signature	December 8, 2006 Date								
	(703) 205-8000								
For Esther H. Chong Typed or printed name	Telephone Number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of forms are submitted.									

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